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Contribution of UNDP to the United Nations system strategic plan for HIV/AIDS for 2001-2005

Summary

In responding to Economic and Social Council resolution 1999/36, the present report contains: (a) information about the formulation of the United Nations system strategic plan for HIV/AIDS for 2001-2005 and the contribution of UNDP to this process; (b) details of the UNDP strategy in the area of HIV/AIDS as it contributes to the implementation of the United Nations system strategic plan; and (c) UNDP modalities for programme support, monitoring, coordination and funding.

Contents

		Paragraphs	Page
I.	Background and introduction	1–4	2
II.	UNDP strategy on HIV/AIDS: contributing to the implementation of the United Nations system strategic plan for HIV/AIDS for 2001-2005	5–23	3
III.	Modalities for programme support, monitoring, coordination, partnerships and funding	24–37	7
IV.	Executive Board action	38	10
Annex			
	UNDP involvement in the formulation of the United Nations system strategic plan for HIV/AIDS for 2001-2005		11

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I. Background and introduction

1. The Economic and Social Council has addressed the growing concern of the international community for a more effective, unified response from the United Nations system in tackling the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS). In particular, through its resolutions 1994/24 and 1995/2, it created the United Nations Joint and Co-sponsored Programme on HIV/AIDS (UNAIDS) and linked it to the United Nations resident coordinator system at the country level. In paragraph 9 (c) of its resolution 1999/36, the Council urged the co-sponsors of UNAIDS and other organizations of the United Nations system "to submit to their governing bodies their proposed contribution to the United Nations system strategic plan for HIV/AIDS for 2001-2005". The present report provides a detailed description of the UNDP strategy on HIV/AIDS and its contribution to the implementation of the United Nations system strategic plan for HIV/AIDS for 2001-2005 (the United Nations plan). The annex contains an overview of UNDP's involvement in the process of formulating the United Nations plan, which is yet to be finalized.

2. UNDP recognized by the late 1980s the development challenge that HIV/AIDS would pose for developing countries and eventually for the international community at large. The Governing Council and Executive Board have, over the years, received reports from the Administrator and have adopted a number of decisions relating to supporting countries to develop effective responses to the epidemic, notably decisions 90/9, 90/25, 93/35, 94/5, 94/6, 94/22 and 95/11 concerning the role of UNDP, the creation of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the recruitment of National Professional Officers for HIV in selected country offices.

3. In its decision 91/9 of 25 June 1991, the Governing Council took note of the report of the Administrator on the role of UNDP in combating HIV and AIDS (DP/1991/57). Building on earlier decisions, the policy contained in the report framework identified the role of UNDP in the area of social and economic development, in particular to increase awareness of the development implications of the epidemic (decisions 90/9 and 90/25); to strengthen and expand the capacity of communities to respond to the epidemic (decision 90/9); to promote and assist prevention, care, support and treatment programmes for women (decision 90/25); and to assist Governments to develop effective multisectoral HIV and AIDS strategies and to minimize the devastating consequences of widespread infection (decisions 90/9 and 90/25).

4. As a co-sponsor of UNAIDS, UNDP has a unique role to play in contributing significantly at the country, regional and global levels in the response to the epidemic. The present report describes UNDP actions, particularly in the areas of the governance and capacity-building aspects of the response, and in the social and economic dimensions of the HIV/AIDS epidemic. It also addresses the role of the resident coordinator in supporting the United Nations response at the country level.

II. UNDP strategy on HIV/AIDS: contributing to the implementation of the United Nations system strategic plan for HIV/AIDS for 2001-2005

5. In 2000, UNDP made HIV/AIDS one of its top organizational priorities. UNDP work on HIV/AIDS is now fully integrated into its mission to provide its clients — the developing countries — with knowledge-based policy advice on the entire range of issues that pertain to reducing poverty, building institutional capacity, improving democratic governance, and managing the challenges of globalization. UNDP, along with the United Nations Country Team, strives to support national Governments in securing a nationwide, gender-sensitive, multisector response to prevent its spread, expand access to care and treatment for people living with HIV and AIDS and mitigate the impact of HIV/AIDS on human development.

6. The specific role of UNDP within UNAIDS is to support countries in addressing the governance challenge of the HIV/AIDS epidemic in areas such as mobilizing actors and institutions well beyond the health sector in the fight against HIV/AIDS; promoting community-led action and practices leading to a reduction of vulnerability and risk to HIV infection; supporting Governments to ensure that the full authority and power of the State is brought to bear on the crisis; raising domestic and international resources; integrating HIV/AIDS priorities into the mainstream of development planning; and ensuring a scaled-up, coordinated response. Inspired by progress made in countries such as Senegal, Thailand and Uganda, UNDP provides advice and development services to Governments and civil society partners on policies and actions to achieve an effective, nationwide response.

7. UNDP work in the area of HIV/AIDS will contribute to the chief objectives in tackling the epidemic, notably: (a) by 2010, ensure that HIV infection rates in persons 15-24 years of age is reduced by 25 per cent; (b) progressively expand equitable access to care and treatment of people living with HIV and AIDS; and (c) by 2015, ensure that the Millennium Declaration goals are reached in all countries, including those heavily affected by HIV/AIDS, by effectively mitigating the devastating developmental impact of the epidemic.

8. The shift of UNDP towards a more focused strategy on HIV/AIDS, in line with its comparative advantage as well as the division of labour among UNAIDS co-sponsors, is already producing results at the country level. The contributions from country offices to the results-oriented annual report (ROAR) 2000 generated key information about the scaled-up response of UNDP. Fifty-five UNDP country offices have selected HIV/AIDS as one of their top priorities and are reporting on HIV/AIDS-related outcomes in 2000, nearly double the figure for 1999. A closer look at the types of interventions reveals a discernible shift upstream, focusing on helping countries to address the governance challenge of HIV/AIDS, building capacity and mobilizing diverse sectors and actors to mount coordinated national and local-level responses. Specifically, the ROAR 2000 shows a significant increase in UNDP interventions in assisting Governments to formulate national HIV/AIDS strategies, build their capacity to implement such strategies, and support the strengthening of decentralized structures to manage local action.

9. UNDP action at the country level is now being tailored to the specific circumstances and status of the epidemic. UNDP will work in four categories of

countries: (a) high-impact countries (28 countries with over 4 per cent HIV adult prevalence rate), where priority will be given to emergency assistance in mitigating the disastrous impact on governance structures, poverty-reduction efforts, and the provision of essential services; (b) those countries with lower prevalence rates but with alarming rates of increase; (c) other countries where the epidemic is spreading at a slower rate but where great vigilance and preparedness is still essential; and (d) countries in conflict, which require special interventions given the strong interface between civil strife and HIV/AIDS. In each case, the focus will be on the services requested by programme country clients and in keeping with the overall mandate of UNDP as a UNAIDS co-sponsor.

10. In the context of the United Nations plan, five areas for UNDP HIV/AIDS-related support services have been defined. These are based on the comparative strengths of UNDP, the results of the ROAR 2000, active consultations within UNDP and negotiations with the UNAIDS secretariat and co-sponsors. The five service areas are outlined below.

11. *Advocacy and policy dialogue.* UNDP promotes robust action-oriented advocacy for leadership at all levels, political commitment and mobilization of actors across all sectors. For example, in Botswana UNDP has supported the publication of the national human development report, which focuses on the impact of HIV/AIDS on human development. The report has had a significant impact by providing policy guidance for top-level political action, a multisectoral response and recommendations on how to deal with gender inequalities that fuel the spread of the epidemic.

12. Outcomes and impacts of this service area will include: (a) an increased level of political commitment and leadership at the highest level of government, as expressed by statements and actions by the Head of State, members of the cabinet, and other senior-level officials; (b) policy debates and legislative action by parliaments; (c) prominence of HIV/AIDS as an election issue; (d) greater resources allocated from national budgets to HIV/AIDS prevention, care and impact mitigation; (e) greater mobilization of the private sector, measured by statements and actions by chief executive officers; (f) contributions to the overall HIV/AIDS campaign; (g) existence of workplace HIV/AIDS policies; (h) greater mobilization of communities, women's groups, people living with HIV and AIDS, and other civil society movements.

13. *Capacity development.* This includes the planning, management, implementation and decentralization of multisectoral, gender-sensitive national HIV/AIDS plans. UNDP helps to build the capacity of Governments and community organizations to implement national strategic HIV/AIDS plans in accordance with UNAIDS planning modules and through participatory processes involving all government sectors and a wide range of non-governmental and private-sector stakeholders. It works to improve countries' absorptive capacity, enabling a more effective use of donor funding. In Malawi, for example, UNDP has played a pivotal role in helping the Government to strengthen its capacity to cope with the epidemic. UNDP has facilitated the formulation of a truly multisectoral, results-oriented strategic plan and, through a round-table meeting, helped the Government to mobilize $110 million to implement the plan from a wide range of international donors.

14. In the worst-affected countries, UNDP is increasingly providing urgent policy advice on options to help to mitigate the impact on human development, governance structures, and the provision of essential services. For example, in Angola, Botswana, Gabon, Malawi, Namibia and Swaziland, UNDP is sponsoring policy-oriented studies to provide information to Governments on how to deal with the impact of HIV/AIDS on specific sectors.

15. UNDP places special emphasis on the decentralization of national AIDS programmes and the effective mobilization of district- and municipal-level authorities to work closely with communities.

16. Outcomes and impacts of this area of service will include: (a) the extent to which strategic plans are results-oriented, based on time-bound targets, and fundable; (b) the involvement of all sectors and levels of government; (c) active, frequent participation by various stakeholders; (d) resource allocations across ministries and local governments, as well as non-governmental organizations (NGOs) and community groups; (e) stronger management and implementation capacity of national and local governments; (f) strategic HIV/AIDS plans formulated and implemented at the operational district and municipal levels with community and local NGO participation. In the worst-affected countries, it is essential that basic social services, schools, health and other government services still function adequately.

17. *Mainstreaming*. In partnership with other United Nations organizations, UNDP will step up its crucial support to Governments in their efforts to integrate HIV/AIDS priorities fully into the mainstream of development planning. Strategic plans specifically focused on dealing with the epidemic are important but not enough to deal with the crisis. HIV/AIDS priorities and impact analysis must be fully integrated into overall development plans, medium-term investment frameworks, public-investment programmes, annual budgets and poverty-reduction strategies and debt-relief processes. In particular, the formulation of Poverty Reduction Strategy Papers (PRSPs) provides an opportunity to make sure that part of debt-relief savings is allocated towards HIV/AIDS prevention and care; that ministries of finance and planning focus on the HIV/AIDS crisis; and that all sectors of government are involved in tackling HIV/AIDS and given budgets to do so.

18. Examples where UNDP is providing this service include Burkina Faso and Cameroon, where HIV/AIDS interventions now form part of the national poverty-reduction strategies and, as a result, portions of debt-relief savings are being allocated to HIV/AIDS prevention and care.

19. Outcomes and impacts of this area of service will include: (a) adequate targeting of national budget (and debt-relief savings in highly indebted poor countries) to HIV/AIDS prevention, care and impact mitigation, with targets for women's specific needs; (b) distribution of resource allocations from the national budget among line ministries, local governments, NGOs, women's groups, and community groups and the extent to which HIV/AIDS priorities are integrated into sectoral plans and budgets; (c) the extent to which HIV/AIDS priorities are integrated into national development plans and poverty-reduction strategies, using UNAIDS guidelines/checklists currently under development; (d) the extent to which gender analysis is used and followed by actions to mitigate the impact of HIV/AIDS on women and address gender inequalities.

20. *Human rights.* The aim in this area is to promote human rights as a normative and ethical framework for the response to HIV/AIDS, including legal reforms. UNDP promotes human rights as an essential aspect of the response to HIV/AIDS. Discrimination against people living with HIV/AIDS leads to an atmosphere of stigma, shame and denial and prevents them from participating in awareness-raising and education campaigns. In Angola, Gambia, Honduras and Rwanda, for example, UNDP is supporting associations and networks of people living with HIV/AIDS. It is also clear that gender inequalities help to fuel the epidemic, as do the unmet HIV/AIDS-related needs of girls and young women.

21. Outcomes and impacts in this area will include: (a) measurable change in attitudes and behaviour towards women's human rights and towards people living with HIV or AIDS; (b) measurable change in attitudes and behaviour towards women's human rights and towards girls and women in critical areas relating to sexuality and power relations; (c) existence of HIV/AIDS anti-discrimination legislation or guidelines; (d) progress in the implementation of the international guidelines on human rights and HIV/AIDS and related provisions contained in the Convention to Eliminate All Forms of Discrimination against Women (CEDAW) and other human rights conventions.

22. *Information and multimedia technology.* Multimedia technology for large-scale information and awareness-raising interventions can play a crucial role in the fight against HIV/AIDS. One of the most important lessons learned from countries that have successfully responded to the HIV/AIDS epidemic has been the critical role of government and civil society leadership in increasing visibility of the epidemic while decreasing the stigma associated with HIV/AIDS. Breaking the silence where countries still deny the problem or the potential of the epidemic and strengthening the accountability of governments and civil society remain major challenges. Moreover, the nature of the HIV/AIDS challenge — changing behaviours to decrease the spread of infection — requires significant investment in information services. UNDP, along with the United Nations Theme Group on HIV/AIDS, seeks to deploy well-designed communications strategies, using commercial, traditional and interpersonal channels, to inform and mobilize leadership at different levels, and address the need of people.

23. Outcomes and impacts will include: (a) significant, measurable increase in access to information and education for men and women 15-24 years relating to HIV/AIDS prevention and care; (b) measurable change in norms, values and traditions that are fuelling the epidemic, especially those that perpetuate gender inequalities and discrimination against people living with HIV/AIDS; (c) degree of mobilization of communities, civil society organizations, the private sector; (d) quantity and quality of sustained multimedia action and information services relating to the HIV/AIDS crisis and ways of addressing the problem through a well-designed, powerful and coordinated United Nations information and communication response at the country level.

III. Modalities for programme support, monitoring, coordination, partnerships and funding

24. In support of the UNDP strategy on HIV/AIDS, focusing on the governance challenge of the epidemic, and contribution to the United Nations Plan, UNDP benefits from a number of modalities and instruments for programme support, coordination, partnerships, and funding that are described below.

25. *Global cooperation framework.* The work of UNDP at the country level is supported by the global cooperation framework (DP/GCF/2), which supports the ability of UNDP to respond to the HIV/AIDS crisis by integrating UNDP global development thinking and advocacy with country-level practices. The GCF is also a key instrument to align the UNDP response to the HIV/AIDS crisis at the global, regional and national levels and will enable UNDP to provide services to programme countries in the areas of global advocacy and analysis, knowledge-networking and sharing of best practices and policy-support services.

26. *Role of the resident coordinator.* At the country level, the resident coordinator, supported by the United Nations Theme Group on HIV/AIDS, must effectively spearhead a cohesive response by the United Nations system to the HIV/AIDS crisis, and ensure a coherent, mutually reinforcing response by the UNAIDS co-sponsors, bilateral donors and private foundations. This includes the coordination of multi-agency, multidonor programmes in support of overall national strategic HIV/AIDS plans as determined by the host Government and through multi-stakeholder dialogue. The United Nations Development Assistance Framework (UNDAF) is an important tool for integrating HIV/AIDS into the work of the United Nations for development. UNDP is leading an inter-agency working group to assess the effectiveness of country-level coordination arrangements, the role of the resident coordinator and the United Nations Theme Group, and to propose changes and adjustments to improve the current set-up.

27. *Modalities and partnerships.* UNDP pursues active collaboration with a wide range of partners at global and national levels. The results expected from such partnership modalities are, for example: (a) greater involvement of people living with and/or affected by HIV/AIDS in all aspects of the response; (b) partnering with civil society organizations, working with the private sector to establish workplace policies and programmes; (c) development of tools and methodologies to increase involvement of non-traditional participants; (d) supporting development programming that integrates HIV/AIDS issues into all activities; (e) stimulating and supporting national frameworks and an enabling environment for community-based and local government initiatives and partnerships; (f) creative use of new and emerging technologies as advocacy and awareness-raising tools; (g) stimulating and supporting national research capacities to investigate and analyse new approaches; and (h) learning and sharing lessons across countries.

28. *Role of the United Nations Volunteers.* UNDP country-level activities are also supported and complemented by the United Nations Volunteers (UNV) Programme. Since 1990, more than 150 UNV volunteers have served as part of 36 HIV/AIDS projects at community, national and regional levels around the world. Currently 68 UNV volunteers work directly with HIV/AIDS while some 170 work indirectly to combat the epidemic in disease-prevention and health-care activities. UNV volunteers, many of whom are living with HIV, work in communities as peer

counsellors and educators to help to bring about understanding of the epidemic, an indispensable step in providing adequate support for people living with HIV/AIDS or those directly affected by the epidemic. UNV volunteers support local self-help groups through skills development for income-earning activities and help to set up HIV/AIDS support networks. They strengthen home-based care and support through training and counselling. UNV recruits and places people living with HIV/AIDS in host institutions concerned with HIV/AIDS. These UNV volunteers work in Greater Involvement of People Living with HIV/AIDS (GIPA) pilot initiatives in 10 countries in three regions (Burundi, Cambodia, Cuba, Dominican Republic, Guyana, Haiti, Jamaica, Malawi, Trinidad and Tobago and Zambia with activities soon to start in Côte d'Ivoire and India). In Botswana, 20 national UNV specialists train local people, manage district AIDS projects and distribute AIDS literature throughout the country under a project funded by the Government and UNDP.

29. *Organizational capacity*. UNDP staff will receive additional professional training to enhance their capacity and understanding of the social and economic dimensions of the epidemic and of the UNDP role in the policy dialogue and institutional support needed to respond to the governance challenges of the epidemic.

30. The HIV/AIDS knowledge network has been created as part of the subregional resource facility (SURF) knowledge management system, linking more than 100 UNDP staff, mainly in country offices, to share knowledge and best practice. The network will integrate the functions of improving professional capacities; identify high quality expertise and skills from outside or from within UNDP; create and seize opportunities for synergy among programme initiatives; provide best available knowledge, analysis, and methodologies in addressing the development dimensions of the epidemic in programme countries; and contribute to the formulation of overall UNDP policies relating to HIV/AIDS. The UNDP focus on the development and governance dimensions of the epidemic and their integration into all programmes and sectors will mean linking the HIV knowledge network to networks in other human development areas and to the work of the regional SURF offices so as to contribute to integrated programming and to expand the technical resources available.

31. *Monitoring results*. The SRF and the ROAR provide a monitoring framework that will sharpen the results focus and strengthen ongoing financial and substantive monitoring by programme managers as well as oversight and feedback by management. The ROAR illustrates concretely how far, in what areas and in what ways UNDP helps to build social and organizational capital. It helps the organization to tell its story credibly, thus paving the way for a richer dialogue with stakeholders. The ROAR and the multi-year funding framework (MYFF), of which it is an integral part, will also help to underwrite the future of UNDP at a time when results are increasingly the key to attracting resources. Through an analysis of the countries involved in work on HIV/AIDS, the ROAR also enables UNDP to identify and promote knowledge and practices for South-South cooperation.

32. *Global and regional support activities*. A number of interventions at the global and regional levels in support of the services provided at the country level, include: (a) advocacy strategies, with special focus on women and girl's vulnerability action to mitigate the socio-economic impact on women caretakers; (b) guidelines and tools for HIV/AIDS policy development, strategic planning and response

management; intraregional and interregional South-South cooperation in all areas of interventions covered by the trust fund; (c) knowledge networking and dissemination of best practice experiences; (d) technical backstopping and programming services coordinated at the global and regional levels; (e) participatory methods and tools for raising awareness and promoting social transformation, including changing gender relations and enhancing women's control of their lives; (f) addressing cross-border issues (migration, transport, refugee movements, etc); and (g) supporting countries to access global public goods relevant to addressing the HIV/AIDS epidemic.

33. UNDP supports countries in addressing common concerns, cross-border issues, the sharing of knowledge and in exploring new ways of working together. Examples of this work include awareness-raising through the extensive use of the HIV and development training workshops in Africa and in Latin America and the Caribbean; support to the African Network on Law, Ethics and Human Rights; analysis of the impact of the epidemic on the human development index (Asia and the Pacific); support to a partnership of universities in Asia for work on analysing the impact of HIV/AIDS and activities enhancing government-civil society partnerships in Eastern Europe. Support to intercountry cooperation currently under way covers issues of migrant workers (South-East Asia), trafficking of women and girls and mapping of HIV legislation and enforcement (South Asia).

34. UNDP has supported action research, the development of policy documents, issue papers and programming guidelines to support the interregional sharing of knowledge of effective strategies, interventions and policies. Key examples over the past several years include issues papers on socio-economic causes and consequences of the HIV/AIDS epidemic in southern Africa; the HIV/AIDS epidemic and sustainable human development; poverty and HIV/AIDS in sub-Saharan Africa; strengthening national capacity for HIV/AIDS strategic planning; HIV prevention in multicultural contexts; people living with HIV/AIDS; the law, ethics and discrimination, and sharing the challenge of the HIV/AIDS epidemic: building partnerships. Policy is developed through a process of consultation with the UNAIDS secretariat, co-sponsors and other partners to ensure coherent and coordinated United Nations positions.

35. *Financial requirements*. During the period 1997 to 2000, through all programme-funding mechanisms, UNDP has contributed some $80 million in programme resources and an additional $80 million in cost-sharing to supporting responses to the epidemic. This total of $160 million is expended through action at the country level (88 per cent), at the regional level (8 per cent) and global activities (4 per cent).

36. Given the urgent needs of programme countries in dealing with this disastrous development crisis, additional resources are required in order for UNDP to meet the demand for the services it provides. In accordance with Economic and Social Council resolution 1994/24 establishing UNAIDS, country-level funding shall be "obtained primarily through existing fund-raising mechanisms of the co-sponsors [...] channelled through the disbursement mechanisms and procedures of each organization".

37. The HIV/AIDS epidemic is the world's most serious development crisis as well as the most devastating epidemic in history. It is quickly becoming the biggest obstacle to achieving the international development targets of the Millennium

Summit. Nearly 58 million people have been infected, out of which nearly 22 million are already dead. The epidemic continues to spread, with over 15,000 new infections every day and an alarming acceleration in regions and countries hitherto spared. Given that AIDS kills people mostly in the 15-49 year age group, it is depriving families, communities and entire nations of the young and most productive people. It is therefore uniquely devastating in terms of increasing poverty and reversing human development achievements. UNDP is playing a key role, as co-sponsor of UNAIDS, in responding to this development crisis.

IV. Executive Board action

38. The Executive Board may wish to:

(a) Take note of the report contained in document DP/2001/16;

(b) Endorse the proposed strategic directions and areas of focus of the UNDP intervention in the fight against HIV/AIDS;

(c) Welcome the UNDP contribution to the United Nations system strategic plan for HIV/AIDS for 2001-2005;

(d) Endorse the overall approach of UNDP to its role as coordinator of the United Nations system activities at the country level, through the United Nations Theme Group on HIV/AIDS and the United Nations Development Assistance Framework and through its partnership with all United Nations organizations, non-governmental organizations and the private sector in response to the HIV/AIDS crisis;

(e) Note the critical need for increased resources from all sources so that UNDP can make its special contribution to the efforts of the United Nations system to curb and reverse the spread of HIV/AIDS and mitigate its impact on human development.

Annex

UNDP involvement in the formulation of the United Nations system strategic plan for HIV/AIDS for 2001-2005

1. The United Nations system strategic plan for HIV/AIDS for 2001-2005 is currently under development and defines the overall objectives and key actions of the United Nations system in support of global targets to respond to the epidemic. It identifies key functions of the United Nations system in support of national HIV/AIDS strategies and defines the roles and responsibilities of different United Nations organizations as part of a coordinated United Nations system response. Contributions to the plan are expected from over 20 United Nations organizations.

2. The global HIV/AIDS strategy: a framework for leadership, endorsed by the UNAIDS Programme Coordinating Board in December 2000, provides the foundation for the development of the United Nations plan. It offers a framework for the formulation and harmonization of strategies at global, national and community levels in pursuit of established global targets for the reduction of HIV/AIDS.

3. Four major principles guide the global HIV/AIDS strategy and the United Nations plan: (a) the need for national Governments and civil society to provide the leadership, means and coordination necessary to ensure national and international efforts to respond to country and community needs; (b) the need to support and actively engage people living with and affected by HIV and AIDS in efforts to address the epidemic in communities around the world; (c) the need to address explicitly gender inequalities fuelling the epidemic; and (d) the need to make available prevention methods, life-saving treatments and the result of scientific breakthroughs on an equitable and affordable basis for all.

4. The global HIV/AIDS strategy offers a series of leadership commitments to which key actors at global, national and community levels are invited to subscribe. These commitments form the basis of the United Nations plan and the sharing of responsibilities and roles among United Nations organizations participating in the plan.

5. These leadership commitments are to: (a) ensure an extraordinary response to the epidemic that includes the full engagement of top-level leaders to achieve measurable goals and targets; (b) reduce the stigma associated with HIV and AIDS and protect human rights through personal and political advocacy and the promotion of policies that prevent discrimination and intolerance; (c) affirm and strengthen the capacity of communities to respond to the epidemic; (d) protect children and young people from the epidemic and its impact — especially orphans; (e) meet the HIV/AIDS-related needs of girls and young women and minimize the circumstances that disadvantage women with respect to HIV/AIDS; (f) protect those at greatest risk of HIV/AIDS, including sex workers and their clients, injecting drug users and their sexual partners, men who have sex with men, refugees and internally displaced people, and persons separated from their families because of work or conflict; (g) ensure the provision of care and support to individuals, households and communities affected by HIV/AIDS; (h) promote the full participation of people living with HIV/AIDS in the response to the epidemic; (i) actively support the development of partnerships required to address the epidemic, in particular those required to improve access to essential information, services and commodities; (j) intensify

efforts in socio-cultural, biomedical and operational research to accelerate access to prevention and care technologies, to improve understanding of factors that influence the epidemic and enhance actions to address it; (k) strengthen the human resource and institutional capacity required to support service providers engaged in the response to the epidemic, in particular those in the education, health, judicial and social welfare sectors; (l) develop enabling policies, legislation and programmes that address individual and societal vulnerability to HIV/AIDS and mitigate its socio-economic impact.

6. The United Nations plan is expected to focus on strategies that contribute towards achieving the goals and targets already set by global conferences and others that may be considered at the special session of the General Assembly on HIV/AIDS to be held from 25-27 June 2001. They include the goal that HIV prevalence in persons 15-24 years old should be reduced by 25 per cent by 2005 in countries with high prevalence, and 2010 globally; and that 90 per cent of people should have access to HIV/AIDS information and services by 2005 and 95 per cent by 2010 (General Assembly resolution S-21/2 adopted at the twenty-first special session on review and appraisal of implementation of the Programme of Action of the International Conference on Population and Development). In addition, the United Nations Millennium Declaration commits Governments to have, by 2015, halted, and begun to reverse, the spread of HIV/AIDS, the scourge of malaria and other major diseases that afflict humanity.

7. In collaboration with the secretariat and co-sponsors of UNAIDS, UNDP has contributed to collective policy development, preparation of policy and reports and joint initiatives that will feed into and support the development of the United Nations system strategic plan for HIV/AIDS for 2001-2005. This includes inputs to the UNAIDS report on the follow-up to the World Summit for Social Development (WSSD+5); contributions to the preparation of the UNAIDS unified workplan and budget; participation on task teams composed of co-sponsors; involvement in the preparation of the UNAIDS reports to the Administrative Committee on Coordination (ACC); follow-up to the informal Security Council meeting of January 2000; contributing to the preparation of the Intensified Partnership on AIDS in Africa (IPAA); involvement in the inter-agency policy development process, in particular in areas of human rights, confidentiality, and United Nations system personnel policy on HIV/AIDS; participation in the UNAIDS retreat in October 2000 on the global HIV/AIDS strategy; and participation in the meetings of the UNAIDS Programme Coordinating Board and Committee of Co-sponsoring Organizations.

8. An important effort that has informed the development of the United Nations system strategy is the development of the International Partnership against AIDS in Africa (IPAA), including the meeting convened by the Secretary-General on the partnership in December 1999. These consultations and processes feed into and lead directly to the elaboration of the United Nations plan. In southern Africa, UNDP resident representatives have jointly articulated accelerated response of UNDP to HIV/AIDS as part of the IPAA effort.

9. UNDP has been an active participant in a series of regional and subregional consultations of UNAIDS co-sponsors facilitated by the UNAIDS secretariat in Africa, Eastern Europe, Latin America and the Caribbean, South Asia and South-

East Asia. The critical roles and tasks for each of the co-sponsors are emerging through these consultative planning meetings for action at the regional level.

10. National human development reports are increasingly including data and analysis of the development causes and consequences of HIV. Botswana, Cambodia, Namibia, and South Africa have issued reports with a focus on HIV and AIDS and others, including the global *Human Development Report*, have provided impact analysis within reports. Elements of the contribution of UNDP to the United Nations plan are already emerging from the consultations and work on preparation for these various reports.

11. The special session of the General Assembly on HIV/AIDS will be a key event for the continued scaling-up of the United Nations response and the implementation of the United Nations plan. At this session, to be held from 25 to 27 June 2001, Governments are expected to agree on a declaration of commitment that will outline priority areas where stronger action must be taken. The special session will provide a unique opportunity to set out a global agenda and create consensus around a set of core commitments. The special session of the General Assembly on HIV/AIDS: Report of the Secretary-General (A/55/779) suggests that action by Governments should focus on the following seven critical challenges for the present response:

(a) Effective leadership and coordination;

(b) Alleviating the social and economic impact of the epidemic;

(c) Reducing the vulnerability of particular social groups to HIV infection;

(d) Achieving agreed targets for the prevention of HIV infection;

(e) Ensuring that care and support is available to people living with HIV/AIDS;

(f) Developing relevant and effective international public goods;

(g) Mobilizing the necessary level of financial resources.

12. The special session is also expected to set a number of concrete targets for action to fight HIV/AIDS, building on goals adopted at previous United Nations forums, as summarized above. These include the target agreed by some 150 Heads of State and Government at the Millennium Summit in September 2000 to halt and begin to reverse the spread of HIV/AIDS by 2015.

13. As a co-sponsor of UNAIDS, UNDP is a key partner in the preparations for the special session, focusing on issues relating to the socio-economic impact of the epidemic and developing national capacities for an adequate response to the crisis, as well as financing the global response to HIV/AIDS.